DEPARTMENT OF HEALTH SERVICES

1800 3rd Street, Room 100 BOX 942732 JACRAMENTO, CA 94234-7320 (916) 322-1086



CMSP Letter No.: 99-8 Issue Date: August 13, 1999

TO: All County Medical Services Program Welfare Directors

SUBJECT: NEW COUNTY MEDICAL SERVICES PROGRAM ELIGIBILITY EXPENDITURE REPORTING PROCESS

The Governing Board of the County Medical Services Program (CMSP) has directed CMSP staff to ensure that timely and accurate data is available for CMSP planning and fiscal purposes. The CMSP has experienced difficulty in obtaining CMSP eligibility expenditure data due to the nature of the reporting system. County administrative claims are sent to the State Department of Social Services which then transmits Medi-Cal data to the Department of Health Services (DHS). CMSP must then request the data from DHS. This expenditure data is extremely important to the CMSP to ensure that there are sufficient funds allocated to the counties. Additionally, the data must be received timely to foresee unusual or unexpected expenditures.

To ensure that a regular process is in place to receive and analyze this eligibility expenditure information, the CMSP is requesting that each county report its CMSP expenditures on a quarterly basis.

Effective fiscal year 1999-2000 CMSP counties are to use the enclosed form to report the expenditure data from line 217 of schedules DFA 327.4C and DFA 327.5C of the county claim report. The report will be due each quarter 15 days following the county's County Expenditure Claim (CEC) submission. We have been assured by several counties that this will not cause much, if any, additional workload. This will allow a regular process for CMSP to receive this important information.

After completion the form is to be sent via FAX to Mr. Gary Varner, at (916) 323-3350, or mailed to:

Office of County Health Services County Medical Services Program Attn: Gary Varner 1800 3rd Street, Room 100 P.O. Box 942732 Sacramento, CA 94234-7320 **CMSP County Directors** Page 2 August 13, 1999

We welcome all suggestions to improve this form for future revisions. If you have any questions or comments concerning this issue, please direct them to Mr. Gary Varner, at (916) 322-1613.

Linda McFarland, Chief 6

County Medical Services Program

Enclosure

Mr. Gary Varner cc:

County Medical Services Program Office of County Health Services 1800 3rd Street, Room 100 P.O. Box 942732

Sacramento, CA 94234-7320

COUNTY MEDICAL SERVICES PROGRAM ELIGIBILITY EXPENDITURE REPORT FISCAL YEAR 1999-2000

INSTRUCTIONS:	COUNTY:
This report is to be completed and sent to the County Medical Services Program (CMSP) each quarter when the County submits its County Expenditure Claims to the State Department of Social Services. This report will be used to determine future expenditure allocations as well as reallocations of unexpended funds. Information on line 217 of schedules DFA 327.4C and DFA 327.5C should match the amount claimed on this report. This report is due each quarter 15 days following submission of the CEC and may be faxed to: Gary Varner, CMSP Unit, (916) 323-3350, or mailed to:	
Office of County Health Ser County Medical Services Pro Attn: Gary Varner 1800 3 rd Street, Room 100 P.O. Box 942732 Sacramento, CA 94234-7320	ogram
1 st QUARTER:date	AMOUNT CLAIMED:
SUPPLEMENTAL CLAIM DATE:	CLAIM AMOUNT:
2 ND QUARTER:date	AMOUNT CLAIMED :
SUPPLEMENTAL CLAIM DATE:	CLAIM AMOUNT:
3 RD QUARTER:date	AMOUNT CLAIMED:
SUPPLEMENTAL CLAIM DATE:	CLAIM AMOUNT:
4 TH QUARTER:date	AMOUNT CLAIMED:
SUPPLEMENTAL CLAIM DATE:	CLAIM AMOUNT:
I certify under penalty of perjury that the amounts shown above are correct and accurately reflect the information which has been submitted to the State Department of Social Services on regular and supplemental (adjusted) County Expenditure Claims.	

phone number

date

Signature/title of person completing report